



PO Box 55, Rockford, WA. 99030

www.rhanw.com

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

DATE: _____ PLEASE CHECK ONE: _____ RENEWAL _____ NEW MEMBER

NAME: _____ TELEPHONE: () _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

Are you a current NRHA member? Yes ___ No ___ NRHA# _____

LIST ADDITIONAL FAMILY OR SPOUSE NAMES AND NRHA NUMBERS BELOW FOR THEM TO BE ELIGIBLE FOR CLUB CLASSES AND AWARDS:

CHECK APPROPRIATE LINE

_____ \$30.00 Regular Membership

_____ \$10.00 Spouse Membership

_____ \$ 5.00 Junior Membership (under 18)

_____ \$ 45.00 Family Membership

PAID: ___ CASH ___ CHECK # _____

MAKE CHECKS PAYABLE TO: **RHANW**

Note: All Canadian and Foreign Checks must be made payable in U.S. Funds.

Money Orders preferred for foreign funds.

Please tell us more about your prize preferences:

_____ Horse Blanket Size

_____ Human Coat Size

_____ Favorite Colors

Please indicate any areas that you would be willing to help out with:

_____ Show Committee

_____ Staff/Volunteer at the shows.

_____ Clinic/Events Committee

_____ Sponsorship/Fundraising Committee

_____ Advertising Committee

_____ Public Relations Committee

_____ Year End & Class Awards

_____ Awards Banquet